Nassau County



Police Department

EDWARD P. MANGANO COUNTY EXECUTIVE

1490 Franklin Avenue Mineola, New York 11501 (516) 573-7559

THOMAS C. KRUMPTER ACTING COMMISSIONER

PISTOL LICENSE APPLICATION INSTRUCTIONS

Step 1: Obtain and prepare application.

Prior to completing any of the enclosed forms, take the time to review these instructions to assure that the enclosed forms will be properly prepared. All of the forms are to be completed and all required supplementary documents are to be secured prior to submitting your application for review.

PLEASE NOTE THAT FORMS MUST BE CLEARLY PRINTED IN BLACK INK ONLY OR TYPED.

1. **Form preparation:** All questions *must* be answered completely.

FALSE STATEMENTS MADE ON ANY FORM IS PUNISHABLE AS A CLASS "A" MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE NYS PENAL LAW AND <u>WILL</u> RESULT IN THE DISAPPROVAL OF YOU APPLICATION.

- a. Pistol License Ouestionnaire.
 - i. Character references: *should* be US citizens and *must* be Nassau County residents who have known the applicant for a minimum of 1 year. The following categories of people are *unacceptable* as character references:
 - 1. Relatives, by either blood or marriage,
 - 2. Active law enforcement officers,
 - 3. Husband and wife combinations,
 - 4. Two or more members of the same family or household.

The character references will be listed on the questionnaire. Individual forms will be provided for each character reference to complete.

- ii. If you answer "Yes" to any question from #1 through #13, you *must* attach a notarized statement on an 8 ½" x 11" sheet of paper explaining each answer in complete detail.
- iii. You must obtain an abstract of your driver's record from the NYS Department of Motor Vehicles in the following situations:
 - 1. If you have received a traffic summons or been arrested for any traffic infraction in the last 5 years, *or*
 - 2. If your driving privileges have *ever* been suspended or revoked, *or*
 - 3. If you are unsure if either of the above situations applies to you.
- iv. If you have *ever* been arrested or received a Field Appearance Ticket or Criminal Summons from *any* law enforcement agency, you *must* do the following:

- 1. Answer "Yes" on the Pistol License Questionnaire, *and*
- 2. Submit a certified Transcript of Record from the presiding court indicating the offense and final disposition, *and*
- 3. Submit a detailed notarized statement describing the circumstances surrounding each arrest and its disposition.

You *must* provide this documentation even if the case was dismissed, the record sealed, or the case nullified by operation of law. The NYS Division of Criminal Justice Services will report to us *every* instance involving the arrest of an applicant.

DO NOT ALLOW ANY PERSON TO ADVISE YOU THAT YOU NEED NOT LIST A PREVIOUS ARREST.

NYS law provides the authority for the Licensing Officer to inquire into the facts underlying the arrest of a pistol license applicant, even if the arrest was terminated in his or her favor.

FAILURE TO REPORT THE DETAILS OF AN ARREST <u>WILL</u> RESULT IN THE DISAPPROVAL OF YOUR APPLICATION.

- b. Pistol License Applicant's Declaration Form: complete form and have it notarized. Applicants are required to know the information contained in the Application Instructions and Information Handbook.
- c. Pistol Licensee's Residence Declaration Form: complete form and have it notarized.
- d. NYS Firearms License Request for Public Records Exemption/FOIL Opt Out Form: applicants should be aware that an approved application is a Public Record and their name and address may, in some circumstances, be released. By completing this form your personal information will be exempt from disclosure.
- 2. Applicant must provide the following:
 - a. Two identical passport size photos, black and white or color photographs on photo paper.
 - i. Taken within the past 30 days.
 - ii. Photographs must be clear and distinctly show facial features.
 - iii. Must have a plain background.
 - b. Identification.
 - i. Current NYS driver's license showing a Nassau County address. A Post Office Box is unacceptable, *and*
 - ii. Birth Certificate or Passport.
 - iii. If born in a foreign country, you must submit a copy of your naturalization certificate or your alien registration card. The alien registration number is necessary to process your fingerprints. In addition, we will need to see your passport or birth certificate.
 - c. Proof of Residence.
 - i. Major utility bill, gas, water, electric only, or
 - ii. Tax bill.
 - iii. Applicants who do not have one of the above documents in their name *must* submit a notarized letter from the person whose name appears on any said document stating that the applicant resides at that location and they have no objection to the weapon being on the premises. This includes anyone who rents or is a relative of the property owner.

Step 2: Review of application.

- 1. When you have completed all of the forms and secured all required supplementary documents, you are ready to proceed with the next phase of the application process. You must appear at the Pistol License Section to have your application package reviewed for accuracy and completeness. No appointment is necessary for this phase.
- 2. If the forms are not completed properly or the required documentation is not provided, the application will be returned to you with instructions for proper completion.
- 3. Upon approval of your application package, you will be given the following:
 - a. Fingerprint appointment.
 - b. Four Affidavit of Character Reference Forms. Follow the instructions on the front of the form.
 - c. New York State Pistol/Revolver License Application/Fingerprint card. The <u>only</u> information you will fill out on this form is the character reference information on the front. Fill in your character reference's names and addresses and have them sign in the last column. This must be done in *black ink* only. You can not fold, spindle, or mutilate this form. It must be returned to the Pistol License Section in the same condition as you receive it.

Step 3: Fingerprinting.

- 1. When you arrive for your fingerprint appointment, you must supply the following two (2) fees:
 - a. \$200.00 application fee. Form of payment accepted: credit card, check, or money order. Check or money order made payable to NCPD. *Cash will not be accepted*.
 - b. \$91.50 fingerprint processing fee. Form of payment accepted: check or money order made payable to NCPD. *Cash will not be accepted*. This fee *must be separate* from the application fee.

GENERAL INFORMATION`

- 1. **Deadline:** All completed forms and supplementary documentation must be received by your investigator within 6 months of the day you are fingerprinted. Failure to comply with this instruction will result in the cancellation of your application prior to issuance.
- 2. **Submission of Application:** Pistol Licenses will be processed as quickly as possible. <u>Present waiting time is</u> six (6) months from day of fingerprinting. *DO NOT CALL* within this time frame.
- 3. **Pistol License Consulting Firms:** This Department has received complaints concerning misrepresentations and misleading information issued by various firms who indicate that they can assist you in receiving a pistol license or can expedite your application. It is this Department's position that the utilization of these firms is unnecessary and that the application instructions are self-explanatory. If you have any questions concerning the application or application process, you can contact the Pistol License Section and someone will assist you. POLICE DEPARTMENT COUNTY OF NASSAU, N.Y.

PISTOL LICENSE SECTION
1490 FRANKLIN AVE
MINEOLA, N.Y. 11501

PHONE 516-573-7559 FAX 516-573-7861

PISTOL LICENSE SECTION HOURS

MON. AND FRI. 8:00 A.M. TO 5:00 P.M., TUES. AND THUR. 9:00 A.M. TO 7:00 P.M. $\bf WED.\ CLOSED$

FOR SECURITY AND SAFETY REASONS, NO CHILDREN WILL BE PERMITTED IN THE INTERVIEW AREA.

NOTARY STAMP

POLICE DEPARTMENT, COUNTY OF NASSAU, NEW YORK PISTOL LICENSE DECLARATION FORM

Name	Date
I HEREBY ACKNOWLEDGE THA CONTENTS OF THE FOLLOWIN	AT I HAVE RECEIVED, READ, AND UNDERSTAND THE G DOCUMENTS:
1. Fill in the revision date of yo	our Pistol License Application Instructions
2. Fill in the revision date of yo	our Pistol License Information Handbook
I ACKNOWLEDGE THAT SHOUL	LD A NASSAU COUNTY PISTOL LICENSE BE ISSUED:
1. I must obtain a Purchase Document Section prior to taking possession of a	issued by the Nassau County Police Department, Pistol License handgun.
state, I must have a Federal Firearms I	ly into New York State. If I want to purchase a handgun from out-of- Dealer from outside of New York State ship the handgun to a Federal te. I can then obtain a Purchase Document from the Nassau County ion to take possession of the handgun.
3. Any firearms I bring to Police Head	quarters or local precincts must be in an unloaded condition.
	Pistol License is not valid within the City of New York unless it is e Department or stamped Retired Police Officer or Retired Federal
5. I understand that I may carry my ha	ndgun(s) only for the purpose that appears on my license.
6. I will keep my handgun(s) safeguare	ded at all times but will not leave the handgun(s) in my vehicle.
7. Residency Requirements:	
a. Business License - Cancelled	d if business moves out of Nassau County or is dissolved,
b. Target License - Cancelled i	f licensee moves out of Nassau County,
	ID ALL OF THE ABOVE STATEMENTS AND AM AWARE ABOVE MAY RESULT IN THE DISAPPROVAL OR ICENSE.
Sworn to before me	NOTARY PUBLIC APPLICANT SIGNATURE
	resence of the Notary Public. The applicant will sign below in the
APPLICANT SIGNATURE	DATE
NCPD PLS PERSONNEL SIGNATURE	DATE



POLICE DEPARTMENT, COUNTY OF NASSAU, NEW YORK PISTOL LICENSE APPLICANT QUESTIONNAIRE



OF	MASS		(PI	RINT CLE	ARLY IN 1	BLACK I	NK	ONI	Y)			OF NA	DI A	Q Rev 9/08
LAST NAME		FIRST	(11		MIDDLE				KNAME/					Nev9/00
								ALI						
ADDRESS: NO. STRE	ET				VILLAGE					STATE		ZI	P CODE	
TELEPHONE NUMBER			CELLF	PHONE NUMBE	ER .				E-MAIL ADD	RESS				
SOCIAL SECURITY NO).			DATE O	F BIRTH			SEX			HEIGH	г		
									ALE FE	MALE	1.2.0	FEET		INCHES
WEIGHT	RACE		HAIF	RCOLOR		EYE COL	OR				AL STATUS ORCED	☐ MAR		☐ SINGLE
PLACE OF BIRTH		☐ CITIZEN	IF NATURA	LIZED, GIVE D	ATE AND COUR	T WHERE PA	PERS	AREF	ILED AND AL	JEN REGIST	RATION NO.			
		☐ ALIEN												
IF FEMALE, MAIDEN N	AME	FATHER	S'S NAME			IF MALE, WIF	E'S M	IAIDEN	NAME	MC	OTHER'S MAII	DEN NAME		
SPOUSE'S NAME (Dome	estic Partner)					SPOUSE	SD.O.	.B. (Do	mestic Partne	er) SPOUS	SE'STELEPHO	ONE NO.(Doi	mestic Pa	rtner)
NEXT OF KIN (Include Da	ate of Birth, Addı	ress and Phone Num	nber)											
HAVE YOU EVER B EXCEPT TRAFFIC I							TIC	KET I	FOR ANY C	OFFENSE	☐ YES	S 🗆 N	0	
DATE	POL	ICE AGENCY		CH	HARGE			DIS	SPOSITION			COURT	& DATE	
LIST ALL HANDGU	NS IN YOUR	POSSESSION	(If none, so	indicate)										
MANUFACTUR	ER	PIST. or REV.	CALIB	ER	SERIAL NUM	IBER		MOD	EL BA	RREL LEN	GTH CC	DLOR	PROPI	ERTY OF
EMPLOYED BY;					RUSINES	S ADDRES	۹							
LIMI LOTED BT,					DOSINES	O ADDICES:	0							
OCCUPATION			NA.	TURE OF B	USINESS					BUS	INESS PHO	ONE NO.		
LIST ALL PLACES C	OF EMPLOYN	MENT FOR LAS	T FIVE (5) Y	EARS (Inclu	de business na	me, addres	s, nat	ture o	f business a	and phone	no.)			
LIST ALL PLACES (OF RESIDEN	CE FOR THE LA	AST TEN (1)	D) YEARS (Ir	nclude apartme	ent no state	e. cou	intv a	nd zip code)				
		, 	(11	,		, o	,	., a	_F 3530	,				

TYPE OF LICENSE YOU ARE APPLYING F BUSINESS TARGET/BUSI		RETIRED PEACE OFFICER RETIRED PEACE OFFICER	DERAL LAW EI D POLICE OFF		ARMORED CAR	TARGET/HUN	TING
		ONE NUMBER OF PERSON WHO WILL S					
OF APPLICANT'S DEATH OR DIS	ABILITY (Th	e individual should be a Nassau County re	esident not li	ving with you and does no	t need to possess a pi	stol license)	
HOW AND WHERE WILL GUNS BE SAFEC	GUARDED:						
GIVE FOUR (4) CHARACTER REF		070557 4 000500	OUT		LIONE BLIONE	0511	DUONE
LAST, FIRST, M.I.	D.O.B.	STREET ADDRESS	CITY	, VILLAGE, TOWN	HOME PHONE	CELL	PHONE
_		ly discharged from the armed for				\square YES	\square NO
,		ment for alcohol or substance us				□ YES	□ NO
-		rcotics, tranquillizers or anti dep		nedication?		□ YES	⊔ NO
		address and phone number, (atta ense, dealer's license, gunsmith li		any application for	such a license		
-	-	e revoked or cancelled?	econse, or	any approacion for	such a freehoe	\square YES	□ NO
		ition which could interfere with t	the safe a	nd proper use of a h	nandgun?		□ NO
-		etitioned against, a respondent, o	or otherwi	se been subject of a	proceeding in	_	_
Family Court, or any		1 1		· · · · · · · · · · · · · · · · · · ·	. (5)	□ YES	
-		c summons or been convicted for mation, date, charge(s), dispositi	-		· · · •	□ YES	□ NO
7. Have you ever been	_	mation, date, charge(s), dispositi	on, court,	and ponce agency,	(attach).	\square YES	□ NO
•		mation, date, charge(s), dispositi	on, court,	and police agency,	(attach).		
8. Have you been discha	_					\square YES	□ NO
	-	our household ever suffered any r	nental illn	ess, or been confined	d to any	□ YES	□ NO
		itution for mental illness? nent to a civil service position,	Federal S	tate or Local?		□ YES	
· ·		forces of this or any other country		tute of Local.		□ YES	
		r, dates, and details. If discharg		han honorable provi	de details,(attach))	_
12. Have you been the subject of military disciplinary action?							
13. Have you had any license (i.e. driver's or liquor) issued by any agency denied, revoked, cancelled or suspended? ☐ YES ☐ No. 14. If VES to ANY answer to questions 1 through 13 see instructions for providing statement:							□ NO
14. If YES to ANY answer to questions 1 through 13, see instructions for providing statement:							
ANY OMISSION OF FACT OR ANY FALS		TWILL BE SUFFICIENT CAUSE TO DENY THIS A I AM AWARE THAT THE FOLLOWING					
		. No license issued as a result of this				ISSUEDI	OIVIE.
		. Any license issued as a result of this described in the license or in an ame	application	will be valid only for a	pistol or revolver sp	-	
	3	. If I permanently change my address,	notice of su	ich change and my new	address must be for	warded to t	he
		Superintendent of State Police and in county, within 10 days of such change		d Suffolk counties, to th	e Police Commission	ner of that	
STATE OF NEW YORK		. Any license issued as a result of this officer or any Judge or Justice of a continuous			at any time by the li	icensing	
COUNTYOFNASSAU	SS:						
		I,son, I have personally read and			, being duly swo	rn, depos	e and
			answered	each and every que	estion herein and	each and	every
answer is full, true and co	medi in el	тету теврест.					
Sworn to before me this_		<u> </u>					
				SIGNATURE C	F APPLICANT		
day of	₋ , 20]
		NOTAR	RYSTAMP				
SICNATU	DE NOTADV	DUBLIC					

Nassau County



Police Department

EDWARD P. MANGANO COUNTY EXECUTIVE 1490 Franklin Avenue Mineola, New York 11501 (516) 573-8800

THOMAS C. KRUMPTER ACTING COMMISSIONER

Pistol Licensee's Residence Declaration

reside at my place of residence, have been notified by approved for a pistol license there may be a firearm in same individuals have been informed that said firearm secure location within my residence.	by me and are fully aware that if I am nside my home. I further declare those
Resident Address:	
I understand that false statements made herein are I further understand that upon discovery tha information, I may be subject to criminal penaltilicense shall become null and void.	t I knowingly provided any false
Declaration must be signed	l and notarized
Applicant Signature	Date
STATE OF NEW YORK COUNTY OF On the day of in the year before me, applicant personally appeared, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed herein and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature, applicant duly executed the instrument.	
Signature of Notary Public	

NYS Firearms License Request for Public Records Exemption Pursuant to section 400.00 (5) (b) of the NYS Penal Law

Name			Date of Birth				
Address			City	State			
Firearms Lic	cense #	(if applicable)	Date	e Issued			
Licensing A	uthority	y / County of Issuance or Ap	oplication				
license not l	be a pu		rning my firearms license a for which I believe my inform tat are applicable)				
[] 1. My l	ife or sa	fety may be endangered by disc	losure because:				
[]	A.	I am an active or retired polic corrections officer;	e officer, peace officer, probation	officer, parole officer, or			
[]	B.	I am a protected person under	a currently valid order of protect	ion;			
[]	C	I am or was a witness in a crit	minal proceeding involving a crim	ninal charge;			
[]	D.	I am participating or previous member of a grand jury;	ly participated as a juror in a crim	ninal proceeding, or am or was a			
			stic partner or household membelow: (Must be explained in item				
[] 3. I am	a spouse	e, domestic partner or househole	d member of a person identified	in A, B, C or D of question 1.			
(Pleas	se check	any that apply)					
A	B_	C D					
[] 4. I have	e reason	to believe that I may be subject	t to unwarranted harassment up	oon disclosure.			
5. (Plea	se provid	de any additional supportive info	rmation as necessary)				
understand	that u	pon discovery that I know	ein are punishable as a cla ingly provided any false in r an exemption shall becor	formation, I may be subje			
Signature Signature				Date			